

Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
**Instructions for Preparing an Interim Progress Report**  
Catalog of Federal Domestic Assistance (CFDA) Numbers: **93.507 and 93.292**  
**Funding Opportunity Announcement (FOA) Number: CDC-RFA-CD10-101104PPHF13**

**PPHF 2013: National Public Health Improvement Initiative (NPHII) – Capacity Building Assistance to Strengthen Public Health Infrastructure and Performance partially financed by 2013 Prevention and Public Health Funds**

**Purpose of this Document:**

This document is for informational purposes only. No applications are solicited through this publication. Funding will be made in accordance with applications previously received.

**Eligibility:**

This award will be a continuation of funds intended only for grantees previously awarded under **CD10-1011: Strengthening Public Health Infrastructure for Improved Health Outcomes**

**Application Submission:**

The CDC is required by the Department of Health and Human Services (HHS) to begin receiving applications through [www.Grants.gov](http://www.Grants.gov). CDC strongly encourages Grantees to submit progress reports through [www.Grants.gov](http://www.Grants.gov). If you encounter any difficulties submitting your progress report through [www.Grants.gov](http://www.Grants.gov), please contact CDC's Technical Information Management Section at (770) 488-2700 prior to the submission deadline. If you need further information regarding the application process, please contact Ebony Holt, Grants Management Specialist at (770) 488-5872. For programmatic information, please contact Ms. Bobbie Erlwein, Project Officer at 404-498-0262.

Reports must be submitted by **August 16, 2013**. Late or incomplete applications may result in an enforcement action such as a delay in the award/or a reduction in funds. CDC will only accept requests for a deadline extension on rare occasions; after adequate justification has been provided.

**General Application Packet Tips:**

- Properly label each item of the application packet
- Each section should use 1.5 spacing with one-inch margins
- Number all narrative pages only
- Do not exceed 15 pages including appendices, excluding budget and support)
- Use a 12 point font
- Where the instructions on the forms conflict with these instructions, follow these instructions

1. CDC requires the use of PDF format for ALL attachments.

2. Use of file formats other than PDF may result in the file being unreadable by CDC staff.
3. Directions for creating PDF files can be found on [www.Grants.gov](http://www.Grants.gov).

**Checklist of required contents of application packet:**

1. Application for Federal Domestic Assistance-Short Organizational Form
2. SF-424A Budget Information-Non-Construction Programs
3. Budget Justification
4. Indirect Cost Rate Agreement
5. Project Narrative\*
6. Checklist
7. Certifications
8. Assurances
9. Interim FFR\*\*

\* Note, the IPR template has already been provided to grantees includes a section that serves as the project narrative. Grantees may, at their discretion submit additional narrative describing their program.

\*\*The grantee should show the amount of unobligated funds and the document number and/or budget period where those funds are located. This information can be entered in the remarks/notes section of the FFR.

**Instructions for accessing and completing required contents of the application package:**

- a) Go to: [www.Grants.gov](http://www.Grants.gov)
- b) Select: “Apply for Grants”
- c) Select: “Step 1: Download a Grant Application”
- d) Insert the **Funding Announcement Number** only, formatted as:  
**CDC-RFA-CD10-101104PPHF13**
- e) **Download** application package and complete all sections.

**1. Application for Federal Domestic Assistance-Short Organizational Form:**

- A. Complete all sections.
  - i. In addition to inserting the legal name of your organization in Block #5a, insert the CDC Award Number provided in the CDC Notice of Award. Failure to provide your award number could cause delay in processing your application.
  - ii. Please insert your organization’s Business Official information in Block #8.

**SPECIAL NOTE:** Items 2, 3, and 4 should be attached to the application through the “Mandatory Documents” section of the “Grant Application” page. Select “Other Attachments Form” and attach as a PDF file.

## **2. SF424A Budget Information and Justification:**

- A. Download the form from [www.grants.gov](http://www.grants.gov).
- B. Complete all applicable sections.
- C. The proposed budget should be based on the funding chart provided in the program guidance from CDC.
- D. In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested to support the activities to be carried out with those funds. Attach in the “Mandatory Documents” box under “Budget Narrative Attachment Form”. Document needs to be in the PDF format.
- E. The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Guidance. The sample budget guidance is provided on CDC’s internet at:  
<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.
- F. For any new proposed subcontracts provide the information specified in the Budget Guidance.

## **3. Indirect Cost Rate Agreement: (This is not applicable to grantees subject to OMB Guidance A-21 – Educational Institutions. The rates stay the same as the first year award.)**

- A. If indirect costs are requested, include a copy of the current negotiated Federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan.
- B. Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- C. To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- D. If an Indirect Cost Rate Agreement is not in effect, indirect costs may be charged as direct if (1) this practice is consistent with the grantee’s/applicant’s approved accounting practices; and (2) if the costs are adequately supported and justified. Please see the Budget Guidelines (<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>) for additional information.
- E. If applicable, attach in the “Mandatory Documents” box under “Other Attachments Form”. Name document “Indirect Cost Rate”.

## **4. Project Narrative**

Two templates are/were provided for grantee use. One template (the Interim Progress Report Template) has already been completed by grantees. This form allows grantees to describe progress in the current budget period (year 3). Grantees must resubmit the Interim Progress Report as part of their application in grants.gov. The second, Project Plan template, will be used to describe Objectives and activities for the upcoming budget year (year 4). All activities supported by NPHII funding should be described in the Project Plan. Both of these documents must be submitted as PDF files via grants.gov.

The Project plan template includes a section that serves as the program narrative. Grantees may, at their discretion, provide additional narrative describing their program as an attachment to their application for funding. Please note that any activities described in an additional narrative must be reflected in the Project Plan template.

## **5. Program Guidance**

In addition to the forms described in the Project Narrative section, Grantees are encouraged to use the optional implementation plan template to provide additional detail on project plan activities. If the implementation plan is completed, please submit that as an attachment in grants.gov

### **Purpose**

The purpose of the program is to provide support for:

- accelerating public health accreditation readiness activities as a strategy to improve the efficiency and effectiveness of public health programs and services;
- performance management and improvement practices; and,
- Developing, identifying and disseminating of practice based evidence and successful strategies, lessons learned.). (i.e., best and promising practices, successful strategies, lessons learned.).

This program supports the *Healthy People 2020* focus area of addressing Public Health Infrastructure (<http://www.healthypeople.gov/hp2020/>). Cross-jurisdictional (state, local, tribal, territorial, regional, community, and border) collaborations are encouraged to increase the impact of limited resources, improve efficiency, and to align and coordinate with other related health reform efforts/projects.

Measurable outcomes of the program align with the following performance goals:

- 1) Increased efficiencies (saving time/money) of program services and/or operations,
- 2) Increased effectiveness (e.g., use of evidence-based policies and practices, improved health outcome, improved quality of service, reach for a given target population, and customer satisfaction are all indicators of effectiveness) and,
- 3) Increased readiness for applying to and/or achieving accreditation by the Public Health Accreditation Board PHAB. (More information on accreditation activities can be found on the PHAB web site at <http://www.phaboard.org/>. This outcome considers closing gaps in performance compared against the national standards.

### **Recipient Activities**

Grantees are to complete work that continues their ongoing performance management and quality improvement activities and fosters readiness for accreditation in the following areas:

1. Implementation of relevant and essential activities to accelerate the agency's accreditation readiness. This includes- but is not limited to- applying for and achieving national accreditation

which is entirely voluntary. Grantees that have not already done so in the past 5 years shall select at least one or more of the following activities:

- Progress toward and/or development of a state/tribal/community health assessment\*;
- Progress toward and/or development of a collaborative state/tribal/community health improvement plan with system partners; or implementation of a state/tribal/community health improvement plan.\*
- Progress toward and/or development of an Agency-wide strategic plan\*.

**Grantees who have achieved or nearly achieved accreditation can continue their readiness activities by undertaking activities that include but are not limited to: undertaking activities associated with *implementing* the State/Community Health Improvement Plan and/or the Strategic Plan; *evaluating* the State/Community Health Improvement Plan and/or the Strategic Plan; monitoring and updating the data in the State/Community Health Assessment; plan for or update one of the three pre-requisite documents.**

2. In addition, grantees will complete one or more of the following activities that advance their ability to meet or conform with the national Public Health Accreditation Board (PHAB) standards\*\*. These activities include:
  - Planning for accreditation, including assistance with developing timeline and “roadmap” to agency’s application to PHAB’s accreditation program.
  - Organizing the agency workforce and documentation for accreditation; including identification of essential staff roles, team charters, ensuring leadership support, assessment and examples of simple changes in daily work culture to help prepare for evidence collection and documentation in meeting PHAB standards. (Note, in addition to the PHAB standards, there are other standards that may aid in assessing/improving agency or public health system performance. \*\*)
  - Engaging in quality improvement activities tied to addressing a deficiency that relates to a specified PHAB standard or measure. Grantees are encouraged to demonstrate their accountability to PHAB standards by periodically assessing the status of their performance against those standards and closing gaps against the PHAB standards. Grantees are further encouraged to share submit their completed self-assessments with CDC.

Grantees are also encouraged to develop a process for monitoring and periodically updating their organizational self-assessment.

*\* See the Public Health Accreditation Board (PHAB) standards and measures for a description and definition of these activities (<http://www.phaboard.org/>). Note activities listed above are pre-requisites for an accreditation application, as well as strongly present in the standards and measures.*

*\*\*Grantees are encouraged to use the Public Health Accreditation Board (PHAB) standards and measures (<http://www.phaboard.org/>). Other tools that may assist grantees in assessing and improving performance of their organization or public health systems include but are not limit to those of the National Public Health Performance Standard Program ((<http://www.cdc.gov/nphpsp>), and the Baldrige Criteria for Performance Excellence <http://www.baldrige.nist.gov>.*

To meet this expectation, Grantees that represent or provide services to groups of states, tribes, local or territorial entities may initiate activities as outlined above but may also initiate activities that help the groups they represent prepare for accreditation. Examples of activities that might be appropriate include but are not limited to the following:

- Providing training on a particular accreditation standard/domain
- Facilitating completion of one or more of the key activities noted above by one or more agency represented by the grantee.

**For grantees who have achieved or nearly achieved accreditation can continue their efforts to meet or conform with national standards by undertaking activities that include but are not limited to: taking action or improving on areas identified during the accreditation process (e.g., in the site visit report); developing a roadmap or set of activities to maintain your accreditation; develop a system for collecting and continuing to update the documentation for all standards and measures (i.e., for reaccreditation, annual reports, etc.); exceeding a standard that you have already met.**

3. Identification and implementation of two or more performance improvement (systems performance improvement) or quality improvement (See definitions of these and the related term of performance management below.) initiatives within the applicant's agency that increase efficiency and or effectiveness. Efficiency is doing something well with the least amount of waste (saving time/money). Effectiveness is accomplishing a purpose such as improving health outcomes.

Improvement initiatives to increase efficiency should address one of the following outcomes for example:

- Time saved
- Reduced number of steps
- Revenue generated due to billable services
- Costs saved
- Costs avoided
- Other

Improvement initiatives to increase effectiveness should address one of the following outcomes for example:

- Increased customer/staff satisfaction
  - Customers could be clinic/program clients or internal staff depending on focus of initiative
- Increased reach

The focus is on individuals in a target population having greater access to services. It is measured as the percentage of a target population that has been offered, received or completed a specific public health service or program, such as:

  - Increased number of individuals served (e.g., increase in immunization rates),
  - Increased adherence to services (e.g., proportion of children fully vaccinated),

- Increased number of client encounters or the frequency of service to a client/set of clients (e.g., through streamlined services).
- Dissemination of information, products or evidence-based practices-  
The focus here is on public health organizations having greater access to quality products, information, or evidence-based practices. It is measured as the percentage of public health system partner organizations reached through dissemination of information / products/ evidence-based practices.
- Quality enhancement of services or programs
- Quality enhancement of data systems
- Organizational design improvements
- Increased preventive behaviors
- Decreased incidence/prevalence
- Other

Improvements that impact both efficiency and effectiveness such as: enabling an agency's ability to develop, adopt, and implement high-efficiency models of operation that provide on-going protection for the public's health and for patient care. Models to be targeted will aim at cost-savings and cost-avoidance for example:

- Regionalization and consolidation of services
- Privatization
- Joint purchasing
- Generation of new revenue streams due to billable service (fees and health care insurance reimbursement)
- Integration of networks
- Adoption of electronic informatics applications, e.g., reporting, inventory,
- Pilot testing of creative new innovations for higher efficiency, etc.
- Prioritize activities, practices and programs for maximum impact/eliminate activities, practices and programs with limited or no public health impact.

For at least one of the quality improvement initiatives planned, grantees are encouraged to identify an outcome that can be reflected as cost savings or can easily be converted into a dollar figure (such as time saved.)Grantees are encouraged to quantify the impact of their quality improvement efforts using methods such as return on investment or cost benefit analysis.

Grantees that represent groups of states, tribes, local or territorial entities may conduct activities outlined above or may initiate activities that help the groups they represent identify, conduct, and/or report on quality improvement activities. Examples of activities that might be appropriate include but are not limited to the following:

- Providing training on quality improvement
- Facilitate completion of a quality improvement initiative by one or more constituents.

Definitions:

- Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness,

performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community. (Source: [Riley et al. "Defining Quality Improvement in Public Health", JPHMP, 2010, 16\(10\), 5-7.](#))

- Systems performance improvement (sometimes called performance improvement) is defined as positive changes in capacity, process and outcomes of public health as practiced in government, private and voluntary sector organizations. Performance improvement can occur system-wide as well as with individual organizations that are part of the public health system. It involves strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision making. (Source: [National Public Health Performance Standards Program](#))
- Performance management is the practice of actively using performance data to improve the public's health. This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. Ideally, these practices should be integrated into core operations, and can occur at multiple levels, including the program, organization or system level. (Source: [Turning Point Performance Management Collaborative, 2003.](#))

A Performance Management System is the continuous use of performance standards, performance measures, reporting of progress and quality improvement so that they are integrated into a public health department's core operation.

4. Continue performance management activities as outlined in the original FOA by completing one or more of the following activities (see examples below):
  - Develop or support the use of an agency-wide Performance Management System which includes the following components:
    - Performance standards,
    - Performance measures,
    - Routine performance reporting,
    - Quality Improvement,
  - Establishing and implementing dedicated staff and systems for performance accountability and performance tracking (e.g., a Performance Management Office); and establishment of performance measures (including collection of baseline and ongoing performance data);
  - Increasing the number of staff and/or programs dedicated to performance management (i.e., hired performance management staff and/or established performance management programs and/or offices);
  - Increasing the number of health department staff trained in performance management;
  - Conducting economic, Return On Investment (ROI), and other impact reviews;
  - Increasing/improving the control measures used to ensure subgrantee/contractual relationships are consistent with the program purpose;
  - Increasing program interactions to address efficiency of use/leveraging of grant funds to review obligation and expenditure patterns, budget redirection processes, carry-forward balances, and the amount of state and local dollars that are dedicated to achieving complementary program goals;
  - Other activities that support continuous performance improvement using national public health performance standards and tools (National Public Health Performance Standard Program standards (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board standards <http://www.phaboard.org/>, or National Quality Forum <http://www.qualityforum.org/> or any other standards that meet the intent of this category), as chosen by the grantee.

- Develop and disseminate materials (articles, papers, video stories) that reflect successful public health practice strategies/lessons learned.\*

\*Note, CDC requests that grantees developing materials for publication in print or on the web work collaboratively with program staff as materials are developed and that CDC is afforded the opportunity to review such materials before they are finalized.

These and other recipient activity responsibilities must be compatible with those outlined in Funding Opportunity Number **CDC-RFA-CD10-101104PPHF13**.

Specifically Grantees are to:

- Continue to have a full time equivalent (FTE) Performance Improvement Manager (PIM).
- Participate (at least the PIM) in the National Performance Management Network, and
- Attend at least one CDC grantee meeting in Atlanta, Georgia for key program staff including the performance improvement managers. The meeting will promote the exchange of information, provision of training, enable professional development, and, allow peer to peer exchanges that advance capacity building, and,
- Engagement in cross-jurisdictional partnerships with other health department(s) to advance and improve vertical or horizontal integration and more effective and efficient delivery of public health services.

Examples of activities and models include but are not limited to the following:

- Review, analysis and/or implementation of optimal partnership or delivery of services through opportunities such as regionalization, consolidation of services or development of partnerships or relationships through legally-binding agreements such as memoranda of understanding (MOUs).
- Increase the number of cross-jurisdictional/community partners that support the implementation of evidence-based policies, regulations and/or laws.

Grantees are encouraged to engage in partnerships between health departments and health care providers (e.g., physicians, hospitals, etc.) to advance and improve the integration of health care and public health for more effective and efficient delivery of public health services.

Each Grantee will report performance measure data and program progress information to CDC through interim and annual progress reporting as well as other data collection and reporting requirements specified as part of the overall program evaluation as outlined in the original FOA. This will include the completion of the annual assessment, submission of stories, and/or participation in case studies.

### **Prevention and Public Health Fund**

Grantees who are funded with Prevention and Public Health Fund (PPHF) money are required to continue the provisions outlined in the FY2012 Appropriations: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. Note: some grantees will be funded with non-PPHF funds. These grantees will not be subject to PPHF reporting requirements.

This award requires the recipient to complete projects or activities which are funded under the Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1- June 30 and July1- December 31, and email such reports to [pphfsio@cdc.gov](mailto:pphfsio@cdc.gov) no later than 20 calendar days after the end of each reporting period (i.e., July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the [sub] recipient).

#### Responsibilities for Reporting on Sub-recipients:

- Recipients agree to separately identify each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2013 PPHF purposes and the amount of PPHF funds
- Recipients agree to separately identify each sub-recipient, and document at the time of disbursement of funds, the Federal award number, and any special CFDA number assigned for 2013 PPHF purposes and the amount of PPHF funds. When a recipient awards PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2013 PPHF funds from regular sub-awards under the existing program.

The reporting cycle deadlines are provided in the table below:

<b>Reporting Period</b>	<b>Due Date to CDC</b>	<b>Due Date to HHS/ASPS</b>	<b>Date Posted to Web</b>
January 1 – June 30	July 20	July 25	July 30
July 1 – December 31	January 20	January 25	January 30

#### **Funding Restrictions**

Restrictions, which must be taken into account while writing the budget, are as follows:

- Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

- Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.
- Sec 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
- Sec 738. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 739. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that has an unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.
- Sec 433. None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that this further action is not necessary to protect the interests of the Government.

- Sec 434. None of the funds made available by this act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsibly for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

### **Salary Cap**

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II (\$179,000).

*Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.*

### **AR-12: Lobbying Restrictions:**

Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, subrecipient, or agent acting for such recipient or subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to any proposed, pending, or future Federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as “legislation and other orders”). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of “lobbying” and “influencing legislation.” These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with applicable regulations and law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.